## Best Available Copy

									Application or Docket Number -				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001										100	) [	517	61
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EI	VTITY	OR	OTHER	
TOTAL CLAIMS			15					RATE FEE		FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		*			X\$ 9=		,	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•			X42=			OR	X84=	
ML	LTIPLE DEPEN	NDENT CLAIM PI	RESENT					+140=		OR	+280=		
* If			ess than zero, enter "0" in col			column 2	ı	TOTAL			OR	TOTAL	
Column 1) (Column 2) (Column 3)									- 1	<u> </u>	, 0, 1	OTHER	THAN
<u> </u>	לט־על	7711 E/	(Column 3)		SMAL	LLE	ENTITY	OR	SMALL				
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 13	Minus	* 6	20	=		X\$ 9:	-		OR	X\$18=	
	Independent	· 1	Minus	***	3	= 4		100	<u>.</u>	400.00	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140:				+280=	
									AL	IJ∧() n()	OR	TOTAL	
(Column 1) (Column 2) (Column 3)									EE	100.00	OR	ADDIT. FEE	
8		CLAIMS		HIGH	IEST		ו ל		_	ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9:	٠		OR	X\$18=	
AME	Independent	*	Minus	***		=	11	X42=			OR	X84=	·
Ш	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		<b> </b>	. 1.40	┪			.000	
			•				L	+140=			OR	+280= TOTAL	
							F	ADDIT. FI			OR	ADDIT. FEE	
	· · · - · ·	(Column 1) CLAIMS	,	(Colur		(Column 3)	, ,						
AMENDMENT C	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	t .	Minus	##		=		X\$ 9=	. ]		OR	X\$18=	
	Independent	*	Minus	***			]	X42=	7			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	
1	he "Highest Num	ber Previously Pak	For (Total or	Independe	ent) is the	highest number	er four	nd in the	app	ropriate box	in cot	umn 1.	